

APPLICATION FOR MARRIAGE LICENSE
Fauquier County Circuit Court

PARTY A (check one): <input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE							
FULL NAME: First Name:		Middle Name	LAST NAME:		Suffix	Sex	SSN#
Age: Years	Date of Birth (Month, Day, Year)		Place of Birth (state or foreign country)		Last Name at Birth (if different from above)		
Race:	Number of Marriage (1 st , 2 nd , etc.)		Marital Status: (if previously married) <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Education (specify only highest grade completed)	Elementary or Secondary (0-12): _____	College (1-4 or 5+): _____	Usual Residence: Street Address (and Apt. No., if applicable)				
City or Town of Residence:			County (if independent city, leave blank)			State (or Foreign Country)	
Parent's Full Name at Birth			Sex	Parent's Full Name at Birth			Sex
PARTY B (check one): <input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE							
FULL NAME: First Name:		Middle Name	LAST NAME:		Suffix	Sex	SSN#
Age: Years	Date of Birth (Month, Day, Year)		Place of Birth (state or foreign country)		Last Name at Birth (if different from above)		
Race:	Number of Marriage (1 st , 2 nd , etc.)		Marital Status: (if previously married) <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Education (specify only highest grade completed)	Elementary or Secondary (0-12): _____	College (1-4 or 5+): _____	Usual Residence: Street Address (and Apt. No., if applicable)				
City or Town of Residence:			County (if independent city, leave blank)			State (or Foreign Country)	
Parent's Full Name at Birth			Sex	Parent's Full Name at Birth			Sex

CONTACT PHONE NUMBER: _____